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New Governance Model for the Military Health System

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Military Health System Team,

For almost one year, the Department has been engaged in extensive planning efforts to implement the Deputy Secretary of Defense's March 2, 2012, memorandum on MHS Governance.

On Jan. 2, the 2013 National Defense Authorization Act (NDAA) was signed into law. While the law includes a broad array of provisions that touch on every aspect of our health operations, the NDAA also included very specific guidance for us to proceed with implementation of the Deputy Secretary's memorandum.

Over the past eight weeks, the MHS leadership has come together for several day-long meetings to outline both how we will implement the new governance model, and how we will work together in a more unified, efficient and timely manner for the long term. Great successes have been achieved in combat medicine and in our garrison-based care system back home when we operate as an integrated system. This reorganization provides us with an opportunity to build on the success we have already achieved in many areas of our operations.

We want to outline for you some of the major activities we will undertake in the coming months consistent with the Deputy Secretary's direction:

- **Implement A Defense Health Agency.** After working closely with the GAO and Congress on the Deputy Secretary of Defense's March 2, 2012, decisions on MHS Governance, the 2013 NDAA requires a series of reports that describe our implementation plan for the Defense Health Agency. We will have Initial Operating Capability for the Defense Health Agency by Oct. 1, 2013 – a little more than seven months away. Many of you are already engaged in the planning process behind this change, and more of you will become involved in the months ahead. There are many details that are being addressed now – what functions will move to the Defense Health Agency and what functions may move back to the OASD/Health Affairs; what reporting relationships will be; and who will fill the leadership roles in the agency.

We will continue to keep you informed of the steps we are undertaking on this important initiative. We will also provide quarterly reports to the Congress on our progress – with the first report due by March 31.

- **Implement enhanced Multi-Service Market Authorities.** We are already working with the largest multi-Service markets in the United States – the National

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Capital Region; the Tidewater region of Virginia; Colorado Springs; San Antonio; Puget Sound; and Honolulu – to develop the business performance plans for these markets. These markets represent our major readiness platforms; they consume significant resources – both in terms of military personnel and purchased care costs; and they represent the best opportunity for creating an even more integrated health system. We will ensure that designated leaders in these markets have the authorities to establish common clinical and business processes, recapture care, and sustain the clinical excellence and volume that these readiness platforms require.

- **Establish the National Capital Region (NCR) Directorate.** The Joint Task Force National Capital Medical (JTF CAPMED) will be dis-established, and the Walter Reed National Military Medical Center (WRNMMC) and Fort Belvoir Community Hospitals will be assigned to the NCR Directorate, reporting to the Director of the Defense Health Agency. The timing of this transition will be outlined in our report to Congress.

- **Introduce a new process for decision-making with MHS leaders.** Dr. Guice and the Surgeons General have been working closely together to create a new process for coordinating and finalizing policy and operational decisions for the enterprise. Our objective is to allow decisions to be made at the lowest level possible in the organization, to ensure all voices are heard when disputes arise, and then to address any disagreements in a timely and open manner. We plan to implement these process changes in the coming weeks. More will be shared on the new approach in the very near future.

Additional guidance from the Deputy Secretary of Defense will be forthcoming on the specific implementation actions and timelines. We have created an Executive Secretariat to help coordinate the many meetings, decisions, and actions that result from our MHS Governance planning efforts.

We are confident that the impending organizational changes will yield positive results in improved integration and efficiencies.

We have a lot of work to do. But we continue to be grateful for the discipline and commitment to quality work that you provide to all of us, and more importantly, to the entire Department of Defense.

Sincerely,

Jonathan Woodson, Assistant Secretary of Defense for Health Affairs

Lt. Gen. Patricia Horoho, Surgeon General, United States Army

Vice Adm. Matthew Nathan, Surgeon General, United States Navy

Lt. Gen. Thomas Travis, Surgeon General, United States Air Force

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